

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1	0					57						
8	1	0					58						
9		1					59						
10		1					60						
11		3					61						
12							62						
13							63						
14							64						
15		4					65						
16		4					66						
17							67						
18	1	0					68						
19	1	0					69						
20		1					70						
21	0	1					71						
22							72						
23	0	1					73						
24		1					74						
25		1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

08/945425

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1		1		51					
2		1		1		1	52					
3		1		1		1	53					
4		1		1		1	54					
5		1		1		1	55					
6		1		1		1	56					
7	1		1		1		57					
8		1		1		1	58					
9		1		1		1	59					
10		1		1		1	60					
11		4		4		4	61					
12		4		4		4	62					
13		4		4		4	63					
14		4		4		5	64					
15		4		4		5	65					
16		4		4		5	66					
17	1						67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		3		4		TOTAL IND.					
TOTAL DEP.		29		14		44	TOTAL DEP.					
TOTAL CLAIMS	33		26		44		TOTAL CLAIMS					